18. HEREDITARY ATAXIA—FRIEDREICH'S DISEASE, D. Brower; Journal of the American Medical Association, 28, 1897, p. 871.

Three cases of Friedreich's disease are reported from the clinic of the author. All the cases, two boys and a girl, were of the same family, and all exhibited marked stigmata of degeneration. The symptoms observed were:—1st, the ataxia beginning in the lower limbs and extending to the arms and tongue; 2d, the spinal curvature, double scoliosis; 3d, gradual development of paraplegia; 4th, loss of knee-jerk; 5th, the development of the condition in childhood; 6th, the absence of Argyll-Robertson pupil, of anaesthesia, of vesical symptoms, of severe pains, of intention tremor, of spasticity of the gait. These several symptoms readily differentiate the disease from posterior spinal sclerosis and multiple sclerosis. The seat of the morbid changes is at first the posterior and lateral columns of the cord, later the anterior cornua and finally the nerve structure. In some cases there is developmental failure; in others, an inflammation resulting in a steady encroachment of the connective tissue on the nerve elements. SHIVELY.

PSYCHIATRY.

19. ACUTE DELIRIUM.

Two recent contributions to the subject of acute delirium deserve notice. Coston (Nashville Jour. of Med. and Surg., Aug., 1896) defines it as "a very acute febrile disease of the brain, usually fatal, attended by wild delirium, hallucinations, and great disturbance of motor functions." The cause is obscure, writings on the etiology being scarcely more than speculations. It affects both sexes, is more frequent under 30, and apparently bears no relation to heredity. The onset is usually sudden and the first symptoms mental. Three cases are detailed.

Case I. A girl of 15, with unimportant family and negative personal history was, when first seen, "restless and slightly delirious, using uncouth language and complaining of pain in her head and also of pains in her hips and back; this latter seemed but insignificant in character, but she complained bitterly of the headache. There was great motor excitability, the patient desiring to be in constant motion, and occasionally cursing and abusing those about her." Morphine and bromides failed to quiet her, and the next day she was rather worse; temperature, 101; pulse, 100; and she constantly talked irrationally, using the foulest language, but recogized everyone. There was absolute anorexia, no vomiting, and the urine was normal. She was very destructive. After 30 grains of chloral she slept five hours, but awoke more restless and destructive than before. Fifteen grains of the same drug induced comparative quiet, but she was soon as bad as ever. Sulphonal, trional, paraldehyde were tried, but large doses of hyoscine hydrobromate were most successful, 1/20 grain producing six to eight hours sleep. She gradually became weaker and, *pari-passu*, the delirium less violent, and died on the thirteenth day. The highest temperature was 102, the lowest 100.5, and for a few days preceding death she seemed to be blind; the pupils were widely dilated.

Case II. was a girl of 13, with good family and negative personal wildly delirious, violently and constantly agitated, very profane, who had never menstruated, but showed signs of approaching puberty. The character of onset is not stated. When first seen she complained bitterly of headache. The temperature was 100.5; pulse, 110. It was thought at first to be hysteria, but she did not improve and died suddenly in the beginning of the fifth day while sitting on a commode. There was no autopsy in either of these cases.

Case III. A stout country girl, aged 20, of good heredity, and with unimportant personal history, was taken, while at church, with what was thought to be a chill, but the shaking tremor and slight delirium continued, and she was seen on the third by the reporter. She recognized acquaintances but "drifted into all kinds of foolish talk," and could not remember having seen a person a few minutes before; temperature, 101; pulse, 100. The body and extremities were in constant motion. The physical agitation was in some degree controlled by morphine, but it had no effect on the delirium unless it were to make it worse. She continued *in statu quo*, except that she lost weight rapidly. She was given sedatives and hypnotics, but hydrobromate of hyoscine, never less than 1/50 grain, produced the best results. At the end of the week the physical agitation was somewhat better, but she continued to lose strength for about three days longer, the temperature varying from 100 to 103, with pulse from 100 to 150. At this time she was found to be totally blind, though hearing and smell remained very acute. The amaurosis lasted four days and then gradually improved. Mental improvement began a week later than the physical betterment, both gradual, and so continued until complete recovery, with the exception of one slight relapse; but there was still some jerking, especially of the right arm and hand under excitement.

The author calls special attention to the great physical agitation, rapid exhaustion, hyper-acuity of hearing and smell, the occurrence of blindness and the vesical weakness which often required the use of a catheter. The patient recognized persons, but talked irrationally and forgot immediately having seen one.

As to differential diagnosis from acute mania, the author has the following to say:

"Acute delirium and acute mania are more frequently mistaken for each other, and their diagnosis from each other is more difficult to make, but with care we may differentiate them. The symptoms of acute delirium are much graver, the course briefer and more definite, the temperature is elevated in acute delirium and lowered in mania; the exhaustion is very rapid in acute delirium, while the maniac will continue to rave for months with little perceptible loss of strength; mania is a conscious delirium, the patient being aware of what he is doing and taking every advantage of you; acute delirium is an unconscious delirium, the patient never trying to take any advantage of you, and although he recognizes you, five minutes later he does not remember to have spoken to you. In mania the appetite is often enormous; in acute delirium it is always absent; mania is preceded by marked prodromata; the prodromata of acute delirium are never very marked and often absent; in mania the face is often flushed and the sclerotic injected; in acute delirium the face is pallid and no injection of the sclerotic; acute delirium will terminate in death or recovery in two or three weeks, mania will require months."

Babcock (Medical Record, Aug. 1st, 1896) first calls attention to the very great discrepancy in the percentage of cases of acute delirium admitted to different asylums for the insane. This varies from about one-seventh of one per cent. to 4.7 per cent., which enormous difference the author rationally attributes to the diagnostic tendency of individual institutions. The paper is essentially devoted to a consideration of the nature of acute delirium, particularly its possible bacterial origin. The author accepts the classification of Wood into acute periencephalitis, and cases in which no lesion can be demonstrated, but in which the affection is assumed to be one primarily of the cortical cells. The case reported is placed in the first of these two categories. The patient was a man, 46 years of age, of good family history, but addicted to the excessive use of alcohol and tobacco. Ten days before admission he became restless, sleepless and talkative, and later was at times violent. On admission he talked almost constantly and entirely incoherently, was physically agitated, and it was impossible to attract his attention. The temperature was 99.6; pulse, 80; urine practically normal. Patellar reflexes were absent. After the administration of 20 grains of sulphonal, he slept seven hours and awoke with no temperature, but as delirious as before. He continued in much the same condition, the temperature being usually normal, until the twenty-second day of the disease, when the delirium increased. The temperature arose to 100.2, pulse to 100, and a trace of albumin appeared in the urine. Sulphonal failed to produce sleep and hyoscine was substituted with good results. He remained in the same condition till the twenty-ninth day when lumbar puncture was performed with apparently some transitory relief. The patient then gradually grew weaker, passed into a typhoid state, and died on the forty-sixth day of the disease, greatly emaciated. Eight minutes after death spinal puncture was again done, and 66 c.c. of turbid fluid collected. The post-mortem examination showed mascroscopic and microscopic signs of inflammation in the membranes of the brain and in the cervical cortex. The fluid from the first puncture contained 2/25 per cent. of albumin, and that removed after death 3/5, which is exceedingly high and would indicate acute inflammation. Bacteriologic examination of the fluid showed the micrococcus of pneumonia and streptococci. Inoculation of rabbits caused symptoms of infection, but the experiment was not conclusive. PATRICK.

THERAPY.

20. TRAITEMENT DES DOULEURS DE L' ATAXIE PAR LE BLEU DE METHYLENE (Ataxia Pains Treated by Methylen Blue). M. G. Lemoine, Gazette Hebdomadaire, 2, 1897, p. 570.

The author reported the use of methylen blue in nine cases of ataxic pain. In two there was no improvement; in five there was a great lessening of the intensity and frequency of the crisis, and in two a long period of complete ease. The author believes that the pains which yield the most readily are the severe lancinating pains in the legs, and girdle pains; the most difficult, those which are seated in the intestines, the stomach or the gastric crises without other pains. The effect sometimes lasted for days, and occasionally for weeks. Methylen blue seems to have a wide range of usefulness, if the therapeutic optimism of the French observers does not mislead them; besides the valuable property of relieving ataxic pains, diabetic symptoms have disappeared under its use, and even the final elimination of sugar from the urine has been ascribed to it. It is indeed almost too useful. MITCHELL.

21. PATHOGENESE UND BEHANDLUNG DER CHOREA, (Pathology and Treatment of Chorea). P. Cheron. Allg. Wiener Zeitung, 41, 1896, p. 429.

Chéron recommends methodically used massage, which he claims to have used with much success. Massage and passive movements should be employed several times daily, together with cold baths, cold douches, cold packs, and notably cold, violent sprays against the vertebral column of a temperature of from 8 to 10 deg. C. for about ¼ to ½ minute. Heart complications form no contra-indication to the use of cold water, as children usually have few signs of circulatory difficulty. But the patients should never be frightened by hydriatic measures, else the psychic excitement, restlessness and pathologic movements become increased. The heart should be examined daily, and its condition forms a guide to the choice of whatever form of cold-therapy seems indicated. STERNE.